

Listing of Claims and Amendments

SUB B17 1. (Currently Amended) In a system comprising a client computer and a remote server computer connected to the client computer by a communication link, a method of interactively preparing an insurance claim that is in condition to be paid in preparation for a health care provider to perform health care services, the method comprising the acts of:

receiving, at the client computer, a diagnosis code and a treatment code entered by a health care provider to a computer-displayable claim form displayed by the client computer;

transmitting a proposed insurance claim that includes the diagnosis code and the treatment code from the client computer to the remote server computer prior to the health care provider performing health care services;

determining, by the remote server computer, that the proposed insurance claim is not in condition to be paid, including performing the act of determining, by the remote server computer, that the diagnosis code and the treatment code do not correspond to health care services that are approved for payment;

transmitting information from the remote server computer to the client computer prior to the health care provider performing the health care services:

the information indicating to the health care provider that the proposed insurance claim is not in condition to be paid; and

containing next para a suggested revised treatment code, such that the treatment associated with the suggested revised treatment code can be included in the health care services when the health care services are performed by the health care provider; and

new optional ?
in response to the determination that the proposed insurance claim is not in condition to be paid, transmitting a revised proposed insurance claim that includes at least one of a revised diagnosis code and a revised treatment code from the client computer to the remote server computer to determine, prior to the health care provider performing the health care services, whether said revised proposed insurance claim is in condition to be paid.

2
2. (Canceled) A method as defined in claim 1, wherein the act of determining whether the proposed insurance claim is in condition to be paid comprises the act of determining that the diagnosis code and the treatment code do not correspond to health care services that are approved for payment.

3. (Canceled) A method as defined in claim 2, further comprising the act of transmitting, from the remote server to the client computer, a suggested revised treatment code prior to the health care provider performing the health care services, such that the treatment associated with the suggested revised treatment code can be included in the health care services when the health care services are performed by the health care provider.

SUB B27
4. (Currently Amended) A method as defined in claim 1, further comprising the acts of:
receiving, at the client computer, said revised treatment code entered by the health care provider;

incorporating the revised treatment code into the revised proposed insurance claim;

determining, by the remote server computer, that the diagnosis code and the revised treatment code correspond to health care services that are approved for payment; and

prior to the health care provider performing the health care services, transmitting, from the remote server to the client computer, information indicating to the health care provider that the diagnosis code and the revised treatment code correspond to health care services that are approved for payment.

5. (Original) A method as defined in claim 1, wherein the computer-displayable form is a hypertext markup language document.

6. (Original) A method as defined in claim 1, wherein the act of transmitting the proposed insurance claim and the act of transmitting information are both conducted within a single period of time that is short enough so that the health care provider continues to view the computer-displayable form during the single period of time.

7. (Original) A method as defined in claim 1, wherein the act of transmitting the proposed insurance claim and the act of transmitting information are both conducted within a single period of time that is short enough so that the communication between the remote server computer and the client computer is not discontinued during the single period of time.

8. (Original) A method as defined in claim 1, wherein the diagnosis code and the treatment code are associated with a first patient, the method further comprising the acts of:

receiving, at the client computer, a second diagnosis code and a second treatment code entered by a health care provider to the claim form;

transmitting a second proposed insurance claim that includes the second diagnosis code and the second treatment code from the client computer to the remote server computer;

determining, by the remote server computer, whether the second proposed insurance claim is in condition to be paid, including performing the act of determining, by the remote server computer, whether the second diagnosis code and the second treatment code correspond to health care services that are approved for payment; and

transmitting further information from the remote server computer to the client computer prior to the health care provider performing the health care services, the further information indicating to the health care provider whether the second proposed insurance claim is in condition to be paid.

9. (Original) A method as defined in claim 1, wherein the information indicates to the health care provider that the proposed insurance claim is in condition to be paid, such that the diagnosis code and the treatment code correspond to health care services that are approved for payment, the method further comprising the act of transmitting, from the remote server computer to the client computer, data representing an amount to be paid by an insurer to a health care provider who performs the health care services;

10. (Original) A method as defined in claim 9, further comprising the act of displaying, by the client computer, co-payment information representing a co-payment to be collected from a patient who receives the health care services.

11. (Original) A method as defined in claim 10, further comprising the act of collecting the co-payment from the patient based on the co-payment information.

12. (Original) A method as defined in claim 11, wherein the act of collecting the co-payment from the patient is conducted during a visit of the patient to an office of the health care provider, wherein the patient receives said health care services during said visit.

13. (Currently Amended) In a client computer capable of communicating with a remote server computer, a method of interactively preparing an insurance claim that is in condition to be paid in preparation for a health care provider to perform health care services, the method comprising the acts of:

generating a computer-displayable claim form for display to a health care provider;

receiving a diagnosis code and a treatment code entered to the claim form by the health care provider;

transmitting a proposed insurance claim that includes the diagnosis code and the treatment code from the client computer to the remote server computer prior to the health care provider performing health care services associated with the treatment code;

prior to the health care provider performing the health care services associated with the treatment code, receiving information from the remote server computer indicating to the health care provider that the proposed insurance claim is not in condition to be paid, the information having been received in response to the remote server computer having performed an act of determining that the diagnosis code and the treatment code do not correspond to health care services that are approved for payment;

in response to receiving the information indicating that the proposed insurance claim is not in condition to be paid, transmitting a revised proposed insurance claim that includes at least one of a revised diagnosis code and a revised treatment code to the remote server computer; and

must be a prior to the health care provider performing the health care services, receiving further information from the remote server computer indicating that the revised proposed

~~insurance claim is in condition to be paid, such that said at least one of the revised diagnosis code and the revised treatment code correspond to health care services that are approved for payment, wherein the treatment associated with the revised proposed insurance claim can be included in the health care services when the health care services are performed by the health care provider.~~

14. (Canceled) A method as defined in claim 13, wherein the information indicates that the proposed insurance claim is not in condition to be paid, such that the diagnosis code and treatment code do not correspond to health care services that are approved for payment, the method further comprising the act of:

~~prior to the health care provider performing the health care services, receiving further information from the remote server computer indicating that the revised proposed insurance claim is in condition to be paid, such that said at least one of the revised diagnosis code and the revised treatment code correspond to health care services that are approved for payment, wherein the treatment associated with the revised proposed insurance claim can be included in the health care services when the health care services are performed by the health care provider.~~

SUB 637 15. (Original) A method as defined in claim 13, wherein the act of transmitting a proposed insurance claim and the act of transmitting information are both conducted within a single period of time that is short enough so that the communication between the remote server computer and the client computer is not discontinued during the single period of time.

16. (Original) A method as defined in claim 13, further comprising, before the act of receiving the diagnosis code and the treatment code, the act of transmitting patient identification information from the client computer to the remote server computer.

17. (Original) A method as defined in claim 16, further comprising, after the act of transmitting patient identification information and prior to the health care provider performing the health care services, the act of receiving verification from the remote server computer that a patient identified by the patient identification information is a beneficiary of a health insurance plan.

18. (Canceled) In a server system capable of communicating with a client computer, a method of informing a health care provider using the client computer whether an insurance claim is in condition to be paid and represents health care services that are approved for payment prior to the health care provider performing the health care services, comprising the acts of:

receiving a proposed insurance claim that includes a treatment code and a diagnosis code from the client computer, the treatment code and diagnosis code having been entered to the client computer by a health care provider prior to the health care provider performing health care services;

determining whether the proposed insurance claim is in condition to be paid, including performing the act of determining whether the treatment code and the diagnosis code correspond to health care services that are approved for payment;

prior to the health care provider performing the health care services, transmitting information to the client computer indicating to the health care provider whether the proposed insurance claim is in condition to be paid, such that the health care provider can base a decision regarding whether to perform the health care services on whether the health care services are approved for payment; and

if it has been determined that the proposed insurance claim is not in condition to be paid, performing the acts of:

receiving from the client computer, prior to the health care provider performing the health care services, a revised proposed insurance claim entered by the health care provider, wherein the revised proposed insurance claim includes at least one of a revised diagnosis code and a revised treatment code; and

determining whether said revised proposed insurance claim is in condition to be paid.

19. (Canceled) A method as defined in claim 18, further comprising, prior to the act of receiving the proposed insurance claim, the act of transmitting a computer-displayable claim form to the client computer for display to the health care provider, the claim form including fields for accepting the treatment code and the diagnosis code.

20. (Canceled) A method as defined in claim 19, wherein the act of transmitting a computer-displayable claim form comprises the act of transmitting a hypertext markup language document from to the client computer via the Internet.

21. (Canceled) A method as defined in claim 18, wherein the act of receiving the proposed insurance claim and the act of transmitting information are both conducted within a single period of time that is short enough so that communication between the remote server computer and the client computer is not discontinued during the single period of time.

22. (Canceled) A method as defined in claim 18, wherein the act of determining whether the proposed insurance claim is in condition to be paid comprises the act of comparing the treatment code and the diagnosis code to a database having entries that represent currently accepted medical practice.

23. (Canceled) ~~A~~ method as defined in claim 18, wherein the act of determining whether the proposed insurance claim is in condition to be paid comprises the act of determining whether a plurality of treatment codes is consistent with an unbundling claiming practice.

SUB B47

24. (Original) A computer program product for implementing a method of interactively preparing an insurance claim that is in condition to be paid, the insurance claim being prepared prior to a health care provider performing health care services that are the subject of the insurance claim, wherein the method is capable of being performed on a client computer that communicates with a remote server computer, the computer program product comprising:

a computer-readable medium carrying computer-executable instructions for implementing the method, the computer-executable instructions comprising:

program code means for displaying a computer-displayable claim form to a health care provider;

program code means for initiating transmission of a proposed insurance claim that includes a diagnosis code and a treatment code from the client computer to the remote server computer prior to the health care provider performing the health care services;

program code means for receiving, from the remote server computer and prior to the health care provider performing the health care services, information indicating whether the proposed insurance claim is in condition to be paid; and

program code means for initiating transmission of a revised proposed insurance claim, prior to the health care provider performing the health care services, if it has been determined that the proposed insurance claim is not in condition for allowance, wherein the revised proposed insurance claim includes at least one of a revised diagnosis code and a revised treatment code.

25. (Original) A computer program product as defined in claim 24, wherein the computer-executable instructions further comprise program code means for prompting the health care provider to revise at least one of the diagnosis code and the treatment code prior to the health care provider performing the health care services and in response to information received from the remote server computer indicating that the proposed insurance claim is not in condition to be paid.

26. (Original) A computer program product as defined in claim 24, wherein the program code means for initiating transmission of the proposed insurance claim comprises program code means for communicating with the remote server via the Internet.

27. (Original) A computer program product as defined in claim 26, wherein the program code means for communicating with the remote server via the Internet operate so as to maintain communication with the remote server during a time period between the transmission of the proposed insurance claim and the receipt of the information from the remote server computer.

28. (Original) A computer program product for implementing, in a server system that communicates with a client system, a method of informing a health care provider who uses the client computer whether an insurance claim represents health care services approved for payment prior to the health care provider performing the health care services, the computer program product comprising:

a computer-readable medium carrying computer-executable instructions for implementing the method, the computer-executable instructions comprising:

program code means for receiving a proposed insurance claim that includes a treatment code and a diagnosis code from the client computer, the treatment code and diagnosis code having been entered to the client computer by a health care provider prior to the health care provider performing health care services;

program code means for determining whether the proposed insurance claim is in condition to be paid based, including performing the act of determining whether the treatment code and the diagnosis code correspond to health care services that are approved for payment;

program code means for initiating transmission of information to the client computer prior to the health care provider performing the health care services, the information indicating to the health care provider whether the proposed insurance claim is in condition to be paid;

program code means for performing, if the information indicates that the proposed insurance claim is not in condition to be paid, the acts of:

receiving a revised proposed insurance claim that includes at least one of a revised diagnosis code and a revised treatment code entered by the health care provider; and

program code means for determining whether the revised proposed insurance claim is in condition to be paid.

29. (Original) A computer program product as defined in claim 28, wherein the computer-executable instructions further comprise program code means for initiating transmission of a computer-displayable claim form to the client computer, the claim form including fields for accepting the treatment code and the diagnosis code.

30. (Original) A computer program product as defined in claim 28, wherein the computer-executable instructions further comprise:

program code means for receiving patient identification information from the client computer, the patient identification information identifying an patient of the health care provider;

program code means for determining whether the patient is a beneficiary of a health insurance plan; and

program code means for initiating transmission of data to the client computer indicating whether the patient is a beneficiary of a health insurance plan prior to the health care provider performing the health care services for the patient.

31. (Original) A computer program product as defined in claim 30, wherein the program code means for receiving patient identification information and the program code means for initiating transmission of data operate by communicating with the client computer via the Internet.

32. (Original) A computer program product as defined in claim 31, wherein the computer-executable instructions further comprise program code means for maintaining communication with the client computer during a time period between the receipt of the proposed insurance claim and the transmission of the information to the client computer.

33. (Original) A method as defined in claim 28, wherein the act of determining whether the proposed insurance claim is in condition to be paid comprises the act of determining that the treatment code and the diagnosis code do not correspond to health care services that are approved for payment.

34. (Original) A method as defined in claim 33, further comprising the acts of:
identifying, by the server system, the revised treatment code that, with said diagnosis code, correspond to health care services that are approved for payment; and
prior to the health care provider performing health care services, transmitting the revised treatment code to the client computer, such that the treatment associated with the revised treatment code can be included in the health care services when the health care services are performed by the health care provider.

35. (Original) A method as defined in claim 33, further comprising the acts of:

receiving the revised treatment code from the client computer, the revised treatment code having been entered to the client computer by a health care provider;

determining that the diagnosis code and the revised treatment code correspond to health care services that are approved for payment; and

prior to the health care provider performing the health care services, transmitting to the client computer information indicating to the health care provider that the diagnosis code and the revised treatment code correspond to health care services that are approved for payment.
